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APPLICATION NUMBER

FILING/RECEIPT DATE

FIRST NAMED APPLICANT

ATTORNEY DOCKET NUMBER

09/714,675

11/16/2000

Kenneth M. York

1856-00201

CONFIRMATION NO. 4404

FORMALITIES LETTER

OC000000005903806*

Joanna Payne CONOCO, INC. 1000 South Pine 2635 RW P O Box 1267 Ponca City, OK 74602-1267

Date Mailed: 03/26/2001

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

Filing Date Granted

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given TWO MONTHS from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is missing.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.
- The balance due by applicant is \$ 130.

A copy of this notice <u>MUST</u> be returned with the reply.

Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

05/14/2001 UVAN11 00000043 032769



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\$ Sector PTO/SB/021 (08-00)

Approved for itse through 10/31/2002. OMB 0651-0032
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

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Application Number	09/714,675
Filing Date	November 16, 2000
First Named Inventor	Kenneth M. York
Group Art Unit	1764
Examiner Name	
Attorney Docket Number	1856-00201

ENCLOSURES (check all that apply)							
	Assignment (for an application) Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Remarks	After Allowance Communication to Group □ Appeal Communication to Board of Appeals and Interferences □ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) □ Proprietary Information □ Status Letter □ Other Enclosure(s) (please identify below): Copy of Notice to File Missing Parts;					
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
Firm or Individual Name Signature David A. ROSE May							
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: May							

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		Complete if Known				
TP FEE TRANSM	TTTAT	Application Number	09/714,675			
of for FY 20	IIIAL	Filing Date	November 16, 2000			
for FY 20	01	First Named Inventor	Kenneth M. York			
Print fees are subject to annual revision.		Examiner Name				
		Group Art Unit	1764	a.		
TOTAL AMOUNT OF PAYMENT	\$ 130.00	Attorney Docket No.	1856-00201			

METHOD OF PAYMENT			FE	E CAI	CULATION (continued)		
The Commissioner is hereby authorized to charge		3. ADDITIONAL FEES					
indicated fees and credit any overpayment to:		e Entity		Entity			
Deposit Account Number: 03-2769		Fee	Fee	Fee	Fee Description		
Deposit Account Name: Conley, Rose & Tayon, P.C.		(\$)	Code			Fee Paid	
Charge Any Additional Fee Required	105	130	205	65	Surcharge - late filing fee or oath	\$130.00	
Under 37 CFR 1.16 and 1.17	127	50	227	25	Surcharge - late provisional filing	•	
Applicant claims small entity status. See 37 CFR 1.27					fee or cover sheet	\$ \$	
. See 37 CFR 1.27	139	130	139	130	Non-English specification	э	
	147	2,520	147	2,520	For filing a request for ex parte reexamination	\$	
2. ☐ Payment Enclosed: ☐ Check ☐ Credit Card ☐ Money ☐ Other	112	920*	112	020*	Requesting publication of SIR prior	Φ	
☐ Check ☐ Credit Card ☐ Money ☐ Other Order	112	920	112	920	to Examiner action	\$	
Order	113	1,840*	113	1 840*	Requesting publication of SIR after	•	
	113	1,040	113	1,040	Examiner action	\$	
FEE CALCULATION	115	110	215	55	Extension for reply within first month	\$	
1. BASIC FILING FEE	116	390	216	195	Extension for reply within second month	\$	
	117	890	217	445	Extension for reply within third month	\$	
Large Entity Small Entity Fee Fee Fee Fee Description	118	1,390	218	695	Extension for reply within fourth month	\$	
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	128	1,890	228	945	Extension for reply within fifth month	\$	
101 710 201 355 Utility filing Fee \$	119	310	219	155	Notice of Appeal	\$	
106 320 206 160 Design filling fee \$	120	310	220	155	Filing a brief in support of an appeal	\$	
107 490 207 245 Plant filing fee \$	121	270	221	135	Request for oral hearing	\$	
108 710 208 355 Reissue filing fee \$	138	1,510	138	1,510	Petition to institute a public use		
114 150 214 75 Provisional filing fee \$					proceeding	\$	
114 150 214 /5 110115150001110115150	140	110	240	55		\$	
SUBTOTAL (1) \$	141	1,240	241	620	Petition to revive - unintentional	\$	
SCBIOTAL (1) Ψ	142	1,240	242	620	Utility issue fee (or reissue)	\$	
	143	440	243	220	Design issue fee	\$ \$	
2. EXTRA CLAIM FEES	144	600	244		Plant issue fee Petitions to the Commissioner	. \$. \$	
Fee from	122 123	130 50	122 123	130 50	Petitions related to provisional applications	\$	
Extra Claims below Fee Paid	123	180	126	180	Submission of Information Disclosure Stmt	\$	
Total Claims * - 20** = * x 18.00 = \$	581	40	581	40	Recording each patent assignment per	Ψ	
Independent * $3** = * x$ $80.00 = $$	361	40	361	40	property (times number of properties)	\$	
Claims	146	710	246	355	Filing a submission after final rejection		
Multiple Dependent 270.00 = \$00.00	1-10	710	2-10	555	(37 CFR § 1.129(a))	\$	
	149	710	249	355	For each additional invention to be		
					examined (37 CFR § 1.129(b))	\$	
Large Entity Small Entity	179	710	279	355	Request for Continued Examination (RCE)	\$	
Fee Fee Fee Fee Description	169	900	169	900	Request for expedited examination		
Code (\$) Code (\$)					of a design application	\$	
103 18 203 9 Claims in excess of 20	Othe	r fee (spe	cify)			\$	
102 80 202 40 Independent Claims in excess of 3							
104 270 204 135 Multiple dependent claim, if not paid	*Reduce	d by Basic	Filing	Fee Paid	SUBTOTAL (3) \$1	30.00	
109 80 209 40 ** Reissue independent claims over original patent		•	Ū				
110 18 210 9 ** Reissue claims in excess of 20							
and over original patent							
and over original patent							
SUBTOTAL (2) \$					•		
** or number previously paid, if greater; For Reissues, see above							
or manifest providesty passes, y greeners, i or measures, our sector							

SUBMITTED BY Complete (if applicable)					
Name (Print/Type)	DAVID A. ROSE	Registration No. (Attorney/Agent)	26,223	Telephone	(713) 238-8000
Signature	2202			Date	May <u>7</u> , 2001

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, D.C. 20231. DO NOT SENT FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, D.C. 20231.